



Town of Enfield EMS Advisory Commission Report

PROPOSED STRUCTURE & IMPLEMENTATION PLAN

Adopted: September 10, 2003

Town of Enfield EMS Advisory Commission

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EXECUTIVE SUMMARY

Over a period of approximately 20 months, the EMS Commission, as charged by the Town Council of Enfield, studied a variety of EMS structures and implementations. Following this charge, the EMS Commission developed its' own Action and Mission statements. These statements served as our focus into the development of an EMS System. They are:

Action Statement

The Town of Enfield Emergency Medical Service Advisory Commission, as empowered by the Enfield Town Council, will review Enfield's existing emergency medical service with the goal of improving the system to assure timely responses and effective treatment to citizens' emergency medical needs; to evaluate proposed system adjustments; and to submit recommendations to the Enfield Town Council that have been developed utilizing an objective evaluation process which includes a thorough review of various emergency medical service system models.

Summary Mission Statement

To assure that the community of Enfield has the best and most up-to-date emergency medical service system available.

Presentation Summary

The EMS Commission reviewed all proposed EMS system designs as presented from the Ludwig Report, the public, acknowledged organizations, JMH Medical Direction, the EMS Manager, members of the Commission and other existing EMS Services. Many "open to public forums" were held at the start of each EMS Commission meeting. At such time, a number of public comments were accepted and reviewed. In addition, several well outlined, prepared and presented EMS structures were delivered to the Commission from the EMS Manager and the Fire District Services of the town of Enfield.

Analysis of this input has led the Commission to an EMS structure and design that encompasses the integration of fire district personnel. Utilizing a "pool of EMS providers" from a newly organized Enfield Fire Chief's Association Inc., from this point on will be referred to as EFCA, the Commission by majority vote, recognized the following as compelling benefits of our decision:

1. The composition of resources takes full advantage of existing highly trained, professional quality emergency medical staff as testified to this Commission from sources within the community, JMH medical direction and the Enfield EMS office.
2. Each fire district currently involved has demonstrated their enthusiasm and dedication to participate in the EMS system. Four of five Town fire departments have delivered documentation to the EMS Commission requesting involvement in the administration and implementation of emergency medical services for the Town of Enfield.
3. The Town's EMS Manager will be directly involved in all aspects of EMS delivery, standards and protocols.
4. Development of a single point of contact who represents the participating fire districts will facilitate communications with JMH, the Towns' EMS management, and the Town Council.

EMS Commission Recommendation

5. Community acceptance of the fire service participation in the EMS system.

Based on the recommendation of the EMS Manager after his analysis of the current EMS call volumes and times, the Commission has accepted the following EMS structure and design:

Operation Design and Structure:

1. Vehicles 3 Advanced Life Support Ambulances
 1 ALS Non-Transport Unit (EMS Manager)
 2 Back up Ambulances
2. Staff One EMT-B per ambulance
 One PARAMEDIC per ambulance
3. HR 13.5 FTE (14) EMT-B
 13.5 FTE (14) PARAMEDIC

This staffing level will provide for two, (2), paramedics 24/7 and two, (2), EMT-Bs 24/7, plus one, (1), paramedic 16/7 and one, (1), EMT-B 16/7.

Staff is provided to the EMS System through a contractual relationship with the corporate entity for the sole purpose of Supplying EMS personnel.

Financially, we the Commission have evaluated the following summary of cost/revenue recovery components to this system:

Estimated System Cost	\$2,359,381
Est. Revenue Recovery 1 st year	\$1,153,490
Revenue short fall	\$1,205,891

The funding of an ambulance by the Maciolek Post 154 for \$80,000 helps reduce the net incremental cost or revenue short fall to \$909,891. This represents the net estimated incremental costs for implementing the recommended system.

In conclusion, we the EMS Commission of the Town of Enfield support the immediate implementation of the above-outlined EMS system for the residents and visitors of our town.

RECOMMENDED SYSTEM

The recommended system will be presented with a review of the following topics:

1. Overall EMS structure.
2. Operating Relationships and Procedures with municipal and non-municipal agencies
3. Performance Based Contracts
4. Revenue Recovery
5. Public Education
6. Quality Assurance
7. Equipment acquisition
8. Training
9. Legal issues

After a majority vote, the Commission's recommended choice was developed from a composite of three System models and is inclusive of four Enfield Fire Districts involvement. The three System models have been summarized and presented in attachments III, IV, and V.

The EMS Commission envisions system which relies on the Town of Enfield to enter into a performance based contract with a non-profit corporation developed by the participating fire districts to deliver manpower, see Attachment VII, as established by the EMS Manager in conjunction with the EMS Commission. The four of five participating fire districts that declared their desire to participate in such an arrangement are North Thompsonville, Hazardville, Thompsonville, and Enfield, reference Attachments VIIIA to VIID.

In addition, incorporation of existing infrastructure could best serve the public from both emergency response times and EMS costs. There are additional benefits to this decision as recognized by Commission members and other benefits noted within the Ludwig report, such as:

1. The composition of resources takes full advantage of existing highly trained, professional quality emergency medical staff as testified to this Commission from sources within the community, JMH medical direction and the EMS office.
2. Each fire district involved, have demonstrated, documented and presented their enthusiasm to continue to participate in the structure, administration and implementation of emergency medical services for the Town of Enfield, see Attachment VIII.
3. The towns' EMS management will be directly involved in all aspects of EMS delivery, standards and protocols.

EMS Commission Recommendation

4. Development of a single point of contact who represents the participating fire districts will facilitate communications with JMH, the Towns' EMS management, and the Town Council.
5. A single point of contact, the EFCA, will provide the towns' EMS management, and the Town Council, with direct communications, contract negotiations, personnel management, administrative, training, and scheduled functions.
6. Public trust with the fire departments is ranked at high levels.
7. It is anticipated that the current structures for ambulance housing, crew and living quarters will reduce the amount of costs incurred.

Overall EMS Structure

The overall structure of the selected EMS model is graphically demonstrated by the chart, **EMS Proposed Structure Chart**, can be found at the beginning of the Attachment section. A single entity, the EFCA, will be the sole representative of all participating Fire Districts and will serve as the direct decision making agency for all districts.

The Enfield residents will be provided with Emergency Medical Services through the direction of the Enfield EMS Manager. With this Department's direction, a "pool" of contracted providers of service will be available. The fire services of Enfield, represented by the single non-profit agency, will hire and staff this contracted "pool" of providers. It is recommended by the EMS Commission that the EMS Manager be empowered to exercise a level of management oversight consistent with other department directors within the Town of Enfield.

Additionally, the Enfield EMS Manager will establish staffing requirements, and maintain direct lines of communication with medical direction at Johnson Memorial Hospital, Enfield Public Safety Dispatchers and first responders, the Enfield Town Manager and Town Council.

The human resource service providers, the EFCA, authorization to practice will be coordinated through and oversight provided by the sponsor hospital, Johnson Memorial Hospital.

Under this proposed structure the role of the Enfield Police Department will transition from its current function as Primary BLS Provider to Primary First Responder. Enfield Police Officers will continue to be trained at their current level of EMT-B.

Additionally, under the proposed structure, provision should be made to encourage Enfield residents who are medically qualified as EMT-B's and Paramedics, to serve as volunteers.

EMS Commission Recommendation

EFCA Composition and Structure

The Enfield Fire Chief's Association is composed of one fire chief from each of the five fire districts of the Town of Enfield, Enfield, Thompsonville, North Thompsonville, Shaker Pines, and Hazardville. The groups' president is Chief Edward Richards, the secretary/treasurer is Chief Jack Flanagan. The EFCA purpose is to foster a cooperative effort in all phases in emergency services as they relate to the fire services in the Town of Enfield. The EMS function of this corporation is composed from four of the five fire districts, Enfield, Thompsonville, North Thompsonville and Hazardville. In order to streamline the administration of personnel resource delivery and management, a single point of contact, an EFCA liaison, Chief Jack Flanagan, has been appointed. Chief Flanagan's authority is all encompassing in order to provide direct decision making powers when interfacing with the Town of Enfield EMS department, the Town Manager's Office, the Town Council, JMH and the Enfield EMS Commission.

In addition to the above noted areas of responsibilities, the following chart can serve as a breakdown of elements of responsibility and their overall costs.

Recommended Cost Elements by Responsibility

As outlined in the following chart, the Town of Enfield, through the direction of the EMS Manager, and the Enfield Fire District Non-profit Corporation will each be responsible for the following items:

<u>Town of Enfield</u>	<u>EFCA</u>
Operational Oversight(EMS Manager)	Point of Contact(President/CEO)
Durable Medical Supplies(ALS & BLS)	EMS Staff(EMT-B & Paramedic)
Disposable Medical Supplies(ALS & BLS)	Off Hours Lead Provider(paramedic)
Medications	Staff Uniforms
Vehicles	Insurance: workers' comp, liability, malpractice
Vehicle Maintenance (Mechanical)	Staff required to maintain:
Fuel	- Authorization to practice
Revenue Recovery	- Continuing Medical Education as related to authorization to practice.
Biohazard Disposal for Medical Waste	
Radios/Communications Equipment	
Storage cabinets for medications	
Printed materials (PCRs)	
Estimated Cost: \$ 491,975	Estimated Cost: To be negotiated

Operating Relationships and Procedures with Municipal and Non-Municipal Agencies

After a thorough analysis (by the EMS Manager) of EMS call volumes and time of day, the Operational Design and Structure plan was presented and accepted by the EMS Commission. A random month taken from annual statistics, Attachment VI, shows call volumes and time of day. From this design, specific operational relationships will be developed to provide EMS services.

The design will provide the Town of Enfield with up to 3 fully staffed Advanced Life Support ambulances during peak hours and 2 fully staffed Advanced Life Support ambulances for the remainder of the 24x7 hours. Additionally, the design and structure maintains the current interface with the commercial provider of service, AMR, and allows for future expansion of the Enfield Emergency Medical Services.

Operation Design and Structure

1. Vehicles 3 Advanced Life Support Ambulances
 1 ALS Non-Transport Unit (EMS Manager)
 2 Back up Ambulances

1. Staff One EMT-B per ambulance
 One PARAMEDIC per ambulance

2. HR 13.5 FTE (14) EMT-B
 13.5 FTE (14) PARAMEDIC

The staffing level is to provide for two, (2), paramedics 24/7 and two, (2), EMT-Bs 24/7, plus one, (1), paramedic 16/7 and one, (1), EMT-B 16/7.

Staff is provided to the EMS System through a contractual relationship with the corporate entity for the sole purpose of Supplying EMS personnel.

3. Supplies. Town of Enfield would be responsible for all durable and disposable medical supplies, as well as vehicles. This would include maintenance of equipment as needed.
4. Deployment. Location(s) to be determined.
5. Performance Standards. Standards of field performance will be outlined with the contractual relationship between the corporate entity and the Town of Enfield. Some of the standards would be, but not be limited to: code of conduct, HIPAA, response times, Clinical activities, Education, etc.
6. Commercial Provider. American Medical Response will be encouraged to remain an active part of the EMS System in the Town of Enfield. We would hope, they would keep their local office open. If AMR chooses to terminate its relationship with the Town, it is recommended that another commercial service be invited in. This service could serve as back-up for the Town's service.

Current procedures and development of new processes will be maintained and established by the Enfield EMS Manager. Operational procedures will interface with but is not limited to the following agencies; the Enfield Police Department, the Enfield public safety dispatchers, Johnson Memorial Hospital, the department of Public Works, and the Town Manager.

Performance Based Contracts

A formal performance agreement (a.k.a. the contract) between the Town of Enfield and the EFCA Human Resource Corporation outlining the expectations, provisions and performance of each party must be developed and agreed upon. It is essential that the contract consist of clear and concise language in order to avoid ambiguities or “guesswork” relative to responsibilities that will result in conflicts occurring between the participating parties.

It is expected that the specific requirements and provisions of this contract will be developed by the Town of Enfield EMS Manager interacting with the Town Manager, Town Attorney, Finance Director and other appropriate staff. It is the opinion of the EMS Advisory Commission that the performance contract be developed by Town staff.

This contract should include specifics at minimum on the following:

1. Applicable Definitions
2. Term of Contract
3. Response times
4. Expected Certification levels of providers
5. Training requirements & skill maintenance
6. Quantity/shifts of providers
7. Town of Enfield EMS Manager interface, responsibilities and authority
8. Registry and licensing requirements
9. Sponsor Hospital and other affiliations
10. Conduct & limitations of personnel
11. What equipment provided/what equipment expected provided
12. Vehicle details including repairs, service and fuel
13. Insurance requirements
14. Scene time expectations
15. Complaint / grievance procedures
16. Report requirements
17. PIER expectations

EMS Commission Recommendation

18. Communications (radio-phone) requirements and details

19. Contact person requirements

20. Supervision requirements

21. Penalties for violation of contract

22. Termination of contract details

23. Any additional details, expectations or requirements

EMS Commission Recommendation

Revenue Recovery and Financial Analysis:

ESTIMATED EXPENDITURES

<u>Personnel</u>	<u>FD</u>
EMS Mgr (1)	\$67,080
FF - Paramedic (14 @ \$49,000)	\$686,000
FF - EMT (14 @ \$41,000)	\$574,000
EMT Substitutes	\$7,200
Overtime	\$69,374
Fringe Benefits	\$530,832
<u>Personnel - Total:</u>	<u>\$1,934,486</u>
Purchased Prof. & Technical	\$6,700
Purchased Property Services	\$13,000
Other Purchased Services	\$2,200
Supplies/Materials	\$87,875
Property	\$295,120
Other Objects	\$20,000
<u>Remaining Items:</u>	<u>\$424,895</u>
<u>Total Estimated Costs:</u>	<u>\$2,359,381</u>

ESTIMATED REVENUE

Client Fees	\$1,153,490
Excess (Deficit) of Fees over Expenditures:	<u>(\$1,205,891)</u>

NOTE: DUE TO A NUMBER OF VARIABLES THAT ARE SUBJECT TO NEGOTIATION, THE FIRE DEPARTMENT ESTIMATED COSTS ARE SUBJECT TO CHANGE

****Projected Revenue Recovery Chart – See Attachment XII**

EMS Commission Recommendation

Payment Recommendation

Since there are five fire districts in Enfield and each district has a separate and different mill rate, the EMS Advisory Commission recommends that the Town of Enfield bear any human resource costs attributed to the recommended system model rather than share such expenditures between the Town and the participating fire districts. This recommendation is based on the Commission's desire to avoid adding to the current level of fiscal disparity that exists because of the fire district's different mill rates.

As of July 1, 2003, the mill rates of the participating fire districts are as follows:

- | | |
|--------------------------------------|------------|
| 1. Thompsonville Fire District: | 6.90 mills |
| 2. North Thompsonville Fire District | 2.75 mills |
| 3. Enfield Fire District | 2.74 mills |
| 4. Hazardville Fire District | 1.85 mills |

Public Education

Recommended by the Ludwig Report and supported by this Commission, public education is an effective method of increasing community involvement and safety. Development and coordination of such projects and education is a major goal of the EMS department and other public safety agencies.

Programs such as the Public Access Automatic External Defibrillator implemented July 3, 2003, is currently available to the community. As of August 1, 2003 a total of 6AED's have been installed in the following municipal buildings: Town Hall, Senior Center, Central Library, Adult Day Care, Angelo Lamagna Activity Center and Public Works.

Most recently, the Town of Enfield has developed a relationship with Dr. Joseph Breton to provide oversight for the Public Access AED Program.

Quality Assurance

Quality assurance spans the areas of communications, first response, documentation, EMS delivery and transport.

Management of these areas will be governed by contractual arrangements, with standards developed and overseen by the Enfield EMS department and by Johnson Memorial Hospital. As outlined by the Ludwig report, Performance Improvement (PI) and Data Management should be developed by the EMS Manager and Johnson Memorial Hospital.

EMS Commission Recommendation

Equipment acquisition

A recommendation has been made by the Town's EMS Manager that the Town of Enfield acquire two new ambulances as soon as possible. Once the two new vehicles are acquired, they would be utilized as the 24 hour/ 7 day a week units.

Using the ambulance housing as outlined in the implementation section, the one 24x7 unit will be housed in central Enfield while the other 24x7 and 16x7 peak hour unit will both be located in the southwest area of the town; the two older higher mileage units would be the mechanical backups. In the second year, two additional ambulances will need to be acquired with the trade of the two older units. The oldest vehicle and one acquired this year would serve as mechanical back-ups. A rotation would then be implemented in order to evenly spread the vehicle mileage.

The EMS manager projects that as vehicles require replacement, a rechasis would be performed. This would save a significant amount of money in the future.

For disposable and other EMS and medical equipment, please refer to the chart in the section labeled, **Cost Elements by Responsibility.**

Equipment acquisition will need to follow established procedures of purchase as outlined by the Town of Enfield.

In addition, the John Maciolek American Legion Post 154 has demonstrated their continued willingness to support capital acquisitions for Enfield EMS. The Maciolek Post has conducted highly successful, communitywide fundraising drives for the past 52 years. They intend to conduct similar fundraising campaigns in the future. Funds received will be used exclusively to help procure ambulances and equipment for Enfield EMS.

The Maciolek post plans to fund the purchase of one of the two ambulances that the EMS Manager is presently recommending to acquire. Future funded acquisitions will depend on the success of their fundraising activities.

The Commission strongly recommends that the Town of Enfield continue to maintain its existing relationship with the John Maciolek American Legion Post 154.

Training

Training and on-going education as required by the State of Connecticut, National Registry of Emergency Medical Technicians, and The Town of Enfield in conjunction with the sponsor hospital will be the responsibility of the Fire/EMS Services Corp. Monitoring of such standards of training and education will be performed by the Enfield EMS manager.

In a corporative effort between the EMS providers, JMH medical direction and the Enfield EMS department, enhanced training on procedures and medical processes should be provided on a systematic basis.

EMS Commission Recommendation

Legal Issues:

Legal issues were raised by the Commission and Town Council Liaisons. As an extension and supported Commission of the Town Council, these legal issues were documented and forward to the Towns' Attorney requesting legal advise. Attachment X is a copy of this request, "Request to Enfield Town Attorney for Legal Option". In response to our request, a copy can be found as attachment XI, the town attorneys' office responded to the following:

- Can the Town of Enfield enter into a contract with a corporation created by the five Fire Departments?
- What are the requirements that such an entity must meet in order for it to enter into a contract with the Town?
- Would the ruling of the Office of Inspector General regarding the waiver of Medicare co-payment apply to the proposed system?

Revenue recovery assumes that the Office of Inspector General (OIG), approves waiver of Medicare Co-payment.

If not approved by the OIG, it is recommended that provisions be available to provide relief for requested hardship cases or make available a non-interest monthly payment plan.

Additional legal issues concerning liability will require further research by the Town's legal staff.

EMS Commission Recommendation

IMPLEMENTATION

Initial design had housed the ambulances in the Public Safety Complex. However, for faster response, the following locations have been proposed for ambulance deployment:

🚒 Central Enfield	24/7 ALS
🚒 South West Enfield	24/7 ALS
🚒 South West Enfield	16/7 ALS
🚒 Enfield Public Works	Reserve Ambulances
🚒 Enfield Police Department	EMS Manager's Unit

The EMS Commission highly recommends the utilization of current existing fire department infrastructures to house the ALS EMS units. The EMS Commission further notes that these infrastructures will be available for EMS delivery at no additional, rental charges, cost to the public.

Additionally, it is recommended that two new ambulances be acquired as soon as possible as part of a 2-year acquisition effort.

In the first year, both new vehicles would become the 24/7 ALS Units. The 16/7 ALS Unit would serve as the peak hour unit; while the two older, high mileage units would be placed in reserve.

In the ensuing second year two additional ambulances would be acquired, and the one of the two reserve units would be disposed of in the most economically beneficial manner possible.

The oldest vehicle in the ambulance fleet would serve as a mechanical backup and along with one of the new vehicles acquired in the second year. Subsequently, a vehicle rotation process would be implemented as an attempt to evenly distribute vehicle mileage.

As a long-term cost saving measure, the EMS Manager recommends replacing vehicle chassis and reinstalling the ambulance "box" unit on the new chassis rather than replace the entire ambulance unit. This has become an established practice within the ambulance industry.

Rather than attempt the phase-in approach by first implementing BLS, subsequently followed by ALS, the EMS Manager and this Commission recommend initiating both levels of service at the same time, with a specified target date to begin operations.

The current EMS System in the Town of Enfield has a very high reliance upon the utilization of Advanced Life Support (ALS or Paramedic Level) providers. Sixty percent of the calls generated within the Town of Enfield have the Basic Life Support (BLS) providers requesting ALS assistance. Often times the town's ALS provider, American Medical Response (AMR), is not available to meet the town's needs for ALS care. This is not a direct fault of AMR, but rather a system flaw. With the Town of Enfield choosing to retool the current system the opportunity exists to repair this system flaw.

EMS Commission Recommendation

At present to meet the ALS needs of the community the EMS system looks beyond its borders and often times requests mutual aid from surrounding communities that have ALS level providers, (East Windsor, Suffield, and Windsor Locks). While this is an acceptable method of obtaining ALS care in times of system overload, it is not an acceptable method of providing day to day care to the community. Reliance upon other communities to continue to provide care in Enfield (on a near daily basis) is unacceptable. The negative impact is significant; citizens are billed at a substantial rate and must pay the bill. A provider's ability to care for the patient suffers when reliance is from an outside source and not part of the local system. Patient care suffers as extended delays occur for the enhanced level of care.

The proposed system of initiating Advanced Life Support ambulances in Enfield is based upon system and community need. The new (proposed) structure of EMS in the community can be arranged to provide either ALS or BLS level care. However, again based upon system and community needs it is clear that an ALS level system be in place when the new system begins.

Advantages

- It's what the public wants and expects when they dial 911.
- Best for patient care.
- Improved patient outcomes.
- It's medically more justifiable than BLS.
- ALS is provided on a continued basis, not on a when it's available scheme.
- The cost benefit aspect is clearly in the patient's favor.
- Improved BLS provider's skills due to close working relationship with ALS providers on a scheduled regime.
- The system will have the ability to take advantage of cutting edge pre-hospital medical care.
- The most educated providers work in this type of system and are continually educated and reeducated to patient care issues.
- It's what you would want if you were personally paying for it.
- It's widely perceived as America's standard of care in the field.
- It's billable to visitors and to residents of neighboring communities, and to their insurers.
- Highest level of pre-hospital patient assessment.
- Call may be BLS Level, yet patient may require pain management, i.e. fractured bone.
- If the patient's condition deteriorates (during transport) ALS is already in place.
- It's what the sponsor hospital wants.
- It's a reasonable thing to ask for.

EMS Commission Recommendation

EMS Time-Line for Implementation

The following “timeline” outlines the approximate implementation and milestones once the Town Council approves the EMS Plan – day zero.

Task	Day 0	Day 20	Day 40	Day 60	Day 85	Day 100	Day 120	Day 130	Day 310
Town Council Approves EMS Plan									
Regional Council Approval									
Medical Advisory Committee approval of EMS Plan									
OEMS Management of Approval									
Town Action to Implement Plan									
Activities occurring concurrently: Acquisition of ALS Equipment Acquisition of pharmaceutical relationship(s) Orientation of providers (all) to new plan and roles within it (incl. EMD) Sponsor hospital orientation and structure with new plan Public information (education to the community) Station readiness Agreement between Town and HR Corp Other activities as required such as operational procedures									
<p>I. Council approval of EMS Plan.</p> <p>EMS Manager submits plan to Regional Council for approval and for increase in clinical level of providers (paramedic). This State paperwork goes to the Medical Advisory Committee (MAC) which meets the 2nd Tuesday of each month. Ten days (prior to the meeting) are required to have an item placed on the agenda. With this in mind it may take as little as eleven days to approximately 40 days to have the MAC discuss and (hopefully) approve the plan.</p> <p>Time in days (running total) 40</p> <p>II. MAC approves EMS Plan - Region has 45 days to submit approval to State.</p> <p>Time in days (running total) 85</p> <p>III. MAC submits approved plan to the State, Office of Emergency Medical Services (OEMS). Action timeline is 45 days from receipt from Region.</p> <p>Time in days (running total) 130</p> <p>IV. Once State approval is given the Town has 6 months in which to put the new plan in place.</p> <p>130 days = approximately 4 ½ months.</p>									

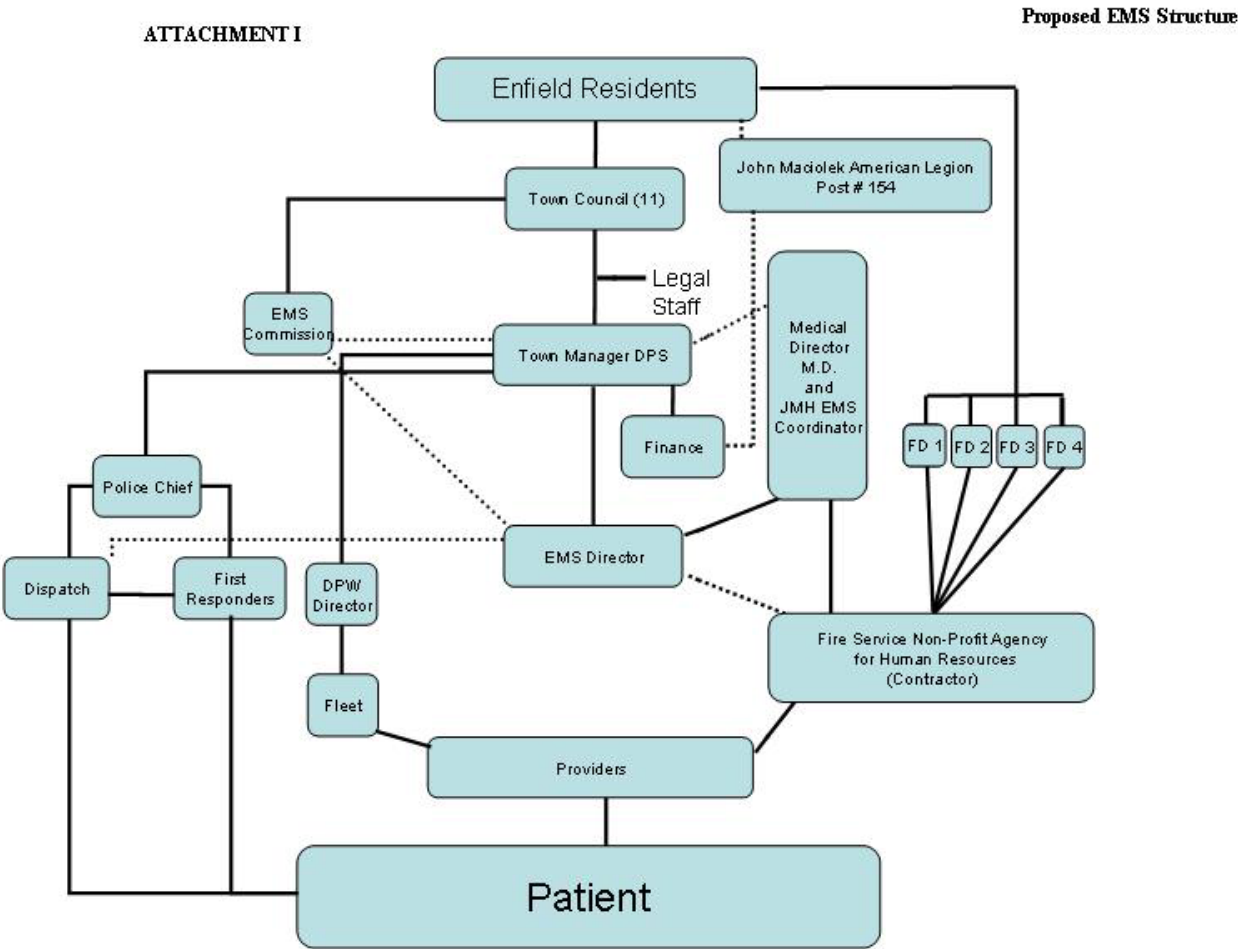
Conclusion of Recommendation

To assure that the community of Enfield has the best and most up-to-date emergency medical service system available has been and still is the mission of this Commission. An EMS structured system composed of the management and supervision by the Enfield EMS Manager and Department coupled with the human resource based Fire Services is a "win-win" scenario.

Therefore, the above outlined EMS structure and implementation plans have been recommended by the members of the Enfield EMS Commission.

ATTACHMENTS

I. EMS Proposed Structure Chart



II. Glossary of Terms

1. Ludwig Report: The Ludwig Report is a study of the current emergency medical system as it exists in the town of Enfield. Hired by the town council of Enfield, the Ludwig Group of Saint Louis, Missouri, performed a comprehensive analysis of the structure, design and functions of the EMS services in Enfield. This analysis along with recommendations on future direction of the system was presented to the Town Council in a form of a report titled, "Comprehensive Analysis and Recommendations for the Town of Enfield, Connecticut Emergency Medical System" – dated March 27, 2001.
2. Medical Director: as defined in "PREHOSPITAL EMERGENCY CARE" by Joseph J. Mistovich, Brent Q. Hafen, Keith J. Karren.

The medical director is a physician who is legally responsible for the clinical and patient care aspects of an EMS system.

3. Fire/EMS Service Corp.: the organization developed by the Enfield fire districts to provide emergency medical personnel and services to the Enfield EMS system.
4. The following definitions have been obtained from the State of Connecticut web site on Chapter 368d – EMERGENCY MEDICAL SERVICES and can be accessed at the following web address: <http://www.cga.state.ct.us/2001/pub/chap368d.htm>

Sec. 19a-175. (Formerly Sec. 19-73u). Definitions.

(4) "Emergency medical service system" means a system which provides for the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions;

(5) "Patient" means an injured, ill, crippled or physically handicapped person requiring assistance and transportation;

(6) "Ambulance" means a motor vehicle specifically designed to carry patients;

(7) "Ambulance service" means an organization which transports patients;

(8) "Emergency medical technician" means an individual who has successfully completed the training requirements established by the Commissioner and has been certified by the Department of Public Health;

(9) "Ambulance driver" means a person whose primary function is driving an ambulance;

(10) "Emergency medical technician instructor" means a person who is certified by the Department of Public Health to teach courses, the completion of which is required in order to become an emergency medical technician;

(11) "Communications facility" means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;

(12) "Life saving equipment" means equipment used by emergency medical personnel for the stabilization and treatment of patients;

EMS Commission Recommendation

- (13) "Emergency medical service organization" means any organization whether public, private or voluntary which offers transportation or treatment services to patients under emergency conditions;
- (14) "Invalid coach" means a vehicle used exclusively for the transportation of nonambulatory patients, who are not confined to stretchers, to or from either a medical facility or the patient's home in nonemergency situations or utilized in emergency situations as a backup vehicle when insufficient emergency vehicles exist;
- (15) "Provider" means any person, corporation or organization, whether profit or nonprofit, whose primary purpose is to deliver medical care or services, including such related medical care services as ambulance transportation;
- (16) "Commissioner" means the Commissioner of Public Health;
- (17) "Paramedic" means a person licensed pursuant to section 20-206ll;
- (18) "Commercial ambulance service" means an ambulance service which primarily operates for profit;
- (19) "Licensed ambulance service" means a commercial ambulance service or a volunteer or municipal ambulance service issued a license by the Commissioner;
- (20) "Certified ambulance service" means a municipal or volunteer ambulance service issued a certificate by the Commissioner;
- (21) "Management service" means an organization which provides emergency medical technicians or paramedics to any entity including an ambulance service but does not include a commercial ambulance service or a volunteer or municipal ambulance service;
- (22) "Automatic external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision- making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use;
- (23) "Mutual aid call" means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical services provider if the primary or designated emergency medical services provider is unable to respond because such primary or designated provider is responding to another call for emergency medical services or the ambulance or non-transport emergency vehicle operated by such primary or designated provider is out of service. For purposes of this subdivision, "non-transport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;
- (24) "Municipality" means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;

EMS Commission Recommendation

- (25) "Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services; and
- (26) "Primary service area responder" means an emergency medical services provider who is designated to respond to a victim of sudden illness or injury in a primary service area.
- (27) "Rescue service" means any organization, whether profit or nonprofit, whose primary purpose is to search for persons who have become lost or to render emergency service to persons who are in dangerous or perilous circumstances.
- (28) ALS: Advanced Life Support service is when either a medical or trauma incident poses a life or limb threat to the patient.
- (29) BLS: Basic Life Support service is when the medical or trauma incident is not an immediate life or limb threat to the patient.

III. Emergency Medical Services - System One

BLS Vehicles

The system will consist of five (5) ambulances. Two (2) ambulances will be available 24 hours a day, seven (7) days a week. The third ambulance will be staffed sixteen (16) hours a day seven (7) days a week the hours of 0730-0030. The fourth and fifth ambulances will be mechanical backups, which will be put into service during times of routine maintenance or repair for a first-line unit or high volume times.

BLS Staffing and Vehicles

The ambulances will be staffed with two (2) Connecticut Certified Emergency Medical Technicians (EMT-B) per ambulance.

ALS Staffing and Vehicles

The system will also be staffed with two (2) Connecticut Licensed Paramedics 24 hours a day, seven (7) days a week in two intercept Vehicles. When the paramedic is called upon to provide ALS patient assessment or care, this equipment will be housed in a modular manner; this will allow its rapid and efficient deployment to the patient's side or added to the BLS ambulance instantly converting it to an ALS capable unit which would then send two BLS technicians and one Paramedic to the hospital. A third paramedic intercept/supervisors vehicle will also be available for times of extraordinary volume or multi-casualty events.

Staffing

Staff will be Town of Enfield, Department of Emergency Medical Services employees.

Estimated Costs

Plan Detail	System One
# of EMT-B	24
EMS Mgr.	1
# EMT-P	10
Cost	\$1,626,358.00
# of Ambulances	3
# Intercepts non-transport units	3
Back-up units	2
Professional Development	\$6,500.00
Legal/other Prof Services	\$3,500.00
Vehicle Fuel	\$7,500.00
Durable Medical Equipment	\$98,120.00
Vehicle costs	\$160,000.00
Uniforms	\$25,300.00
Printing/reproductions	\$2,500.00
System Cost	\$1,929,778.00

IV. Emergency Medical Services - System Two

Vehicles

The system will consist of five (5) ambulances. Two (2) ambulances will be available 24 hours a day, seven (7) days a week. The third ambulance will be staffed sixteen (16) hours a day seven (7) days a week the hours of 0730-0030. The fourth and fifth ambulances will be mechanical backups, which will be put into service during times of routine maintenance or repair for a first-line unit. These backups may also be utilized and staffed at times of extraordinary volume or major incident(s).

Staffing

The ambulances will be staffed with one (1) Connecticut Certified Emergency Medical Technician (EMT-B) and one (1) Connecticut Licensed Paramedic (PARAMEDIC). The staffing of the ambulances will be considered to be at the Advanced Life Support (ALS) Level at all times. Each time a request is received via the 911 system and an ambulance is dispatched the responding ambulance will be an ALS ambulance.

The EMS Manager will have an intercept/supervisors vehicle that will be equipped with ALS Level supplies. This will allow for the potential to add an additional paramedic to the system during times of extraordinary volume or event.

Staff will be Town of Enfield, Department of Emergency Medical Services employees or volunteers.

Estimated Costs

Plan Detail	System Two
# of EMT-B	12
EMS Mgr.	1
# EMT-P	12
Cost	\$1,003,702.00
# of Ambulances	3
# Intercepts non-transport units	1
Back-up units	2
Professional Development	\$3,500.00
Legal/other Prof Services	\$3,200.00
Vehicle Fuel	\$5,500.00
Durable Medical Equipment	\$98,120.00
Vehicle costs	\$197,000.00
Uniforms	\$18,375.00
Printing/reproductions	\$2,200.00
System Cost	\$1,331,597.00

EMS Commission Recommendation

V. Emergency Medical Services - System Three

BLS Vehicles

The system will consist of four (4) ambulances. Two (2) ambulances will be available 24 hours a day, seven (7) days a week. The third ambulance will be staffed sixteen (16) hours a day seven (7) days a week the hours of 0700-2300. The fourth ambulance will be a mechanical backup that will be put into service during times of routine maintenance or repair for a first-line unit.

Staffing

The ambulances will be staffed with two (2) Connecticut Certified Emergency Medical Technicians (EMT-B). The EMT-B staff will come from a contracted pool of human resources. This pool will be comprised of Firefighter/EMT-Bs from the Town's local fire districts. It will be the pool responsibility to provide staffing for the BLS Ambulances.

ALS Staffing and Vehicles

The system will also be staffed with two (2) Connecticut Licensed Paramedics 24 hours a day, seven (7) days a week. The paramedics will operate out of two Intercept Vehicles. A third paramedic intercept/supervisors vehicle will also be available for times of extraordinary volume or multi-casualty events. This vehicle will be the EMS Manager's vehicle. Paramedic staff will be Town of Enfield, Department of Emergency Medical Services employees.

Estimated Costs

Plan Detail	System Three
# of EMT-B	14
EMS Mgr.	1
# EMT-P	14
Cost	\$1,341,002.00
# of Ambulances	4
# Intercepts non-transport units	3
Back-up units	1
Professional Development	\$3,500.00
Legal/other Prof Services	\$3,200.00
Vehicle Fuel	\$5,500.00
Durable Medical Equipment	\$75,000.00
Vehicle costs	\$197,000.00
Uniforms	\$5,500.00
Printing/reproductions	\$2,200.00
System Cost	\$1,632,902.00

EMS Commission Recommendation

VI. EMS Call Volumes

<u>Hours of the day</u>	<u>Number of calls</u>	<u>Number of units</u>	<u>U:UH</u>	<u>Annual U:UH</u>
0800-0859	12	3	0.011	
0900-0959	13	3	0.011	
1000-1059	25	3	0.022	
1100-1159	17	3	0.015	
1200-1259	27	3	0.024	0.2
1300-1359	20	3	0.018	
1400-1459	12	3	0.011	
1500-1559	22	3	0.02	
1600-1659	12	3	0.011	
1700-1759	16	3	0.015	
1800-1859	23	3	0.021	
1900-1959	17	3	0.015	
2000-2059	21	3	0.019	
2100-2159	14	3	0.012	
2200-2259	7	3	0.006	
2300-2359	15	3	0.014	0.18
0000-0059	9	2	0.012	
0100-0159	10	2	0.014	
0200-0259	9	2	0.012	
0300-0359	4	2	0.005	
0400-0459	5	2	0.006	
0500-0559	7	2	0.009	
0600-0659	6	2	0.008	
0700-0759	18	2	0.025	0.13
24 hours	334 calls			0.03-0.40=efficient
	Random Month			

VII. Request to Enfield Fire Districts for EMS Involvement

Town of Enfield

EMS Advisory Commission

Date: February 27, 2003

To: Town of Enfield Fire Commissions
Enfield Fire District
Hazardville Fire District
North Thompsonville Fire District
Shaker Pines Fire District
Thompsonville Fire District

From: Earl Provencher, Chairman
EMS Advisory Commission

Subject: FIRE – EMS ORGANIZATION

As you well know, Enfield's EMS Advisory Commission is exploring the opportunity to develop an operating structure that would enable the Town of Enfield to utilize personnel from Enfield's Fire Districts to provide staffing for emergency medical care at both the basic and advanced life support levels.

At the February 26th EMS Commission meeting, a consensus was reached among EMS Commission members to inquire if the individual fire districts in Enfield would be interested in forming and independent, non-profit Fire-EMS corporation that would exist solely to create a human resource pool for EMS as described in the preceding paragraph. In broad, conceptual terms, it is envisioned that this Fire-EMS Corporation would be comprised of the Fire Districts. The Fire-EMS Corporation would be expected to enter a performance based-contract with the Town of Enfield municipal government to provide EMS personnel. It is expected that other resources and requirements such as equipment, supplies, maintenance and revenue recovery would remain the responsibility of the Town.

The purpose for exploring this concept is to have the Town of Enfield work with one organization, and within one operating structure to provide high-quality emergency medical care in our community. Since the EMS Advisory Commission, through its vote of February 19, 2003 has formally agreed that the fire service of Enfield must have an integral role with the delivery of emergency medical care, the creation of a non-profit fire-EMS Corporation presently appears to be the most appropriate method to engage the fire service in EMS. At the same time, this arrangement will avoid multiple performance contracts with each Fire District.

We realize that this will take a little time for you to review and discuss this concept with your legal counsel. At this time we are requesting that you please convey to the EMS Advisory Commission in writing your Fire District's interest in creating such a non-profit Fire-EMS Corporation as previously described.

EMS Commission Recommendation

If possible, we would appreciate a preliminary response prior to our next EMS Advisory Commission meeting which is Wednesday March 5, 2003.

Thank you for your attention to this matter. If you should have any further questions, please do not hesitate to contact me at 745-2946.

Cc: EMS Advisory Commission
Scott Shanley, Town Manager
Christopher Bromson, Town Attorney

EMS Commission Recommendation

VIII. Response from Enfield Fire Districts on EMS Involvement

VIIIA.

(860) 745-2946
PHONE

(860) 741-7559
FAX

NORTH THOMPSONVILLE FIRE DISTRICT #10

439 ENFIELD STREET
ENFIELD, CONNECTICUT 06082-2453



AUTHORIZATION

The North Thompsonville Fire District No. 10, acting herein by its Chairman, Joseph Romano, hereby authorizes the Enfield Fire Chiefs Association, Inc. to negotiate on its behalf with any third parties with respect to providing EMS services within the Town of Enfield.

Any contracts drafted pursuant to this authorization will require ratification by the North Thompsonville Fire District No. 10.

Executed at Enfield, Connecticut this 12 day of August, 2003.

Joseph Romano
Chairman

A handwritten signature in cursive script that reads "Joseph Romano". The signature is written over a horizontal line that serves as a separator between the signature and the printed name and title.

EMS Commission Recommendation

VIIIB.

ENFIELD FIRE DISTRICT NO. 1

ORGANIZED IN 1896

HEADQUARTERS
FIRE STATION NO. 1
200 PHOENIX AVENUE
ENFIELD, CT 06082
TEL (860) 745-1878
FAX (860) 745-7114

FIRE STATION NO. 2
199 WEYMOUTH ROAD
ENFIELD, CT 06082
TEL (860) 741-3114
FAX (860) 741-3204

AUTHORIZATION

The Enfield Fire District No. 1, acting herein by its Chairman, John McCafferty, hereby authorizes the Enfield Fire Chiefs Association, Inc. to negotiate on its behalf with any third parties with respect to providing EMS services within the Town of Enfield.

Any contracts drafted pursuant to this authorization will require ratification by the Enfield Fire District No. 1.

Executed at Enfield, Connecticut this 20 day of August, 2003.


John McCafferty
Chairman

VIII.C.

HAZARDVILLE FIRE DEPARTMENT

AUTHORIZATION

The Hazardville Fire District No. 13, acting herein by its Chairman, Peter Dymerski, hereby authorizes the Enfield Fire Chiefs Association, Inc. to negotiate on its behalf with any third parties with respect to providing EMS services within the Town of Enfield.

Any contracts drafted pursuant to this authorization will require ratification by the Hazardville Fire District No. 13.

Executed at Enfield, Connecticut this 6 day of August, 2003.



Peter Dymerski
Chairman

EMS Commission Recommendation

VIII.D.

February 4, 2003

Earl Provencher, Chairman
EMS Advisory Commission

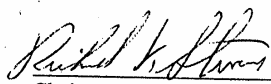
Dear Chairman Provencher,

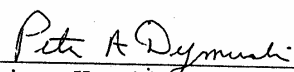
As Chairman of the Enfield, Hazardville, North Thompsonville, and Thompsonville District Fire Commissions we wish to state for the record our complete support for the EMS proposal as submitted by the Town of Enfield Fire Departments.

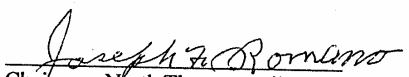
The proposal is a well thought out and comprehensive plan, which incorporates all the recommendations of the March, 2001 Ludwig Group study. Our Fire Chiefs and Fire Service personnel are dedicated professionals whose top priority is protection and service to the citizens of Enfield. Since 1997, when they began assisting the Enfield police with EMS, they have led the call for a review and restructuring of the EMS system, recognizing the risks, problems and dire consequences possible to patient care inherent in the current system.

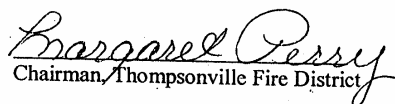
They are anxious to begin, and committed to the success of this proposal. They feel, as do we, that the EMS plan as presented will, through performance based contracts, clear management structure and sound fiscal controls, provide the number one objective of consistent high quality patient care.

Sincerely,


Chairman, Enfield Fire District


Chairman, Hazardville Fire District


Chairman, North Thompsonville Fire District


Chairman, Thompsonville Fire District

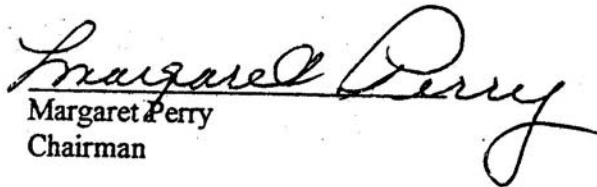
VIII.

AUTHORIZATION

The Thompsonville Fire District No. 2, acting herein by its Chairman, Margaret Perry, hereby authorizes the Enfield Fire Chiefs Association, Inc. to negotiate on its behalf with any third parties with respect to providing EMS services within the Town of Enfield.

Any contracts drafted pursuant to this authorization will require ratification by the Thompsonville Fire District No. 2.

Executed at Enfield, Connecticut this 10th day of August, 2003.


Margaret Perry
Chairman

EMS Commission Recommendation

IX. Response from Enfield Fire Districts Legal Console on EMS Involvement

APR-10-2003 THU 04:42 PM FAHEY, LANDOLINA & ASSOC FAX NO. 860 627 6817

P. 02

LAW OFFICES OF
Fahey, Landolina & Associates, LLC
A Connecticut Limited Liability Company

Thomas W. Fahey, Jr.
Carl T. Landolina

487 Spring Street, Suite Two
Windsor Locks, Connecticut 06096
Telephone: (860) 627-8300
Facsimile: (860) 627-6817
EMail: tom@faheyland.com
carl@faheyland.com

April 10, 2003

Chief Edward Richards
Enfield Fire District No. 1
200 Phoenix Avenue
Enfield, CT 06082

Via facsimile 745-7114

Dear Chief Richards:

This letter is a follow-up to our telephone conference yesterday. During that call we discussed the possibility of the various fire districts forming an independent corporation for the purpose of negotiating an Emergency Services Contract with the Town of Enfield. As I understand, the current Town Manager does not wish to negotiate with each of the districts independently, but instead wants to negotiate with a single agency with authority to act on behalf of the various districts.

CGS §7-326 provides that any district, including a fire district, may contract with any town or other district to carry out the purposes for which the district was formed. Based upon this section, it is my opinion that the several districts could form a negotiating body to discuss an EMS contract with the Town. It may not be necessary to incorporate this negotiating body. All that may be necessary is authorization from each district to form a negotiating committee with the other districts. I would recommend this option instead of the formation of an independent corporation.

This office is available to provide further legal advice and assistance in this matter. Our billing rate would be \$150 per hour. If you would like to retain us for this matter, please contact me and we can discuss the details.

Very truly yours,


Carl T. Landolina
/mrf

W:\SERVER\WordDocs\clients\Enfield First District No. 1\Letters\Richards, Edward Chief.doc

X. Request to Enfield Town Attorney for Legal Option

Town of Enfield

EMS Advisory Commission

Date: March 6, 2003

To: Attorney Christopher Bromson
Town of Enfield town Attorney

From: Earl Provencher, Chairman
EMS Advisory Commission

Subject: REQUEST TO ENFIELD TOWN ATTORNEY FOR LEGAL OPTION

At the February 19, 2003 meeting of the Town of Enfield EMS Advisory Commission a resolution was acted on and passed. This resolution provides for the town possibly contracting out to the local fire services for personnel to be used as the EMS providers.

It is the consensus of the EMS Commission that in order to provide for a logical structure and organization that will be acceptable to the Town Council, the Fire Service must develop a way to enter into a contract with the town as a single entity or corporation.

The question that this arrangement generates for your office is: if the fire service agrees and is legally able to form this consortium, would the Town of Enfield then be able to negotiate with this authority as outlined. For further information, I have enclosed a copy of the letter that was sent to the Fire Districts advising them what would be needed if this concept were able to proceed further at this time. The EMS Advisory Commission also requests that you provide us the criteria that a non-profit organization would have to meet which would allow the town to enter into an agreement with them.

As you are probably aware the EMS Advisory Commission will be making a recommendation to the Town Manager and ultimately to the Town Council outlining the EMS Commissions plan for the future of EMS in Enfield. The Town Council will have to act on which direction EMS will ultimately proceed. However, our Town Council liaisons have directed us to seek and be prepared with opinions from your office to any unclear issues or concepts prior to making a Town Council presentation.

Another area in question is concerning the Office of Inspector General waiver of Medicare co-pay ruling. More specifically, would an arrangement such as proposed above be able to waive the Medicare co-pays as the OIG has ruled can be done by municipalities.

EMS Commission Recommendation

Attorney Christopher Bromson

March 6, 2003

page 2

For your convenience, I have listed our request and questions in number form below. In the event, you or your staff would like to discuss this further, please feel free to contact me at my office number, 745-2946 during the day. I would also be available to meet at your convenience should you request additional details to provide better clarity from the Commissions view.

Cc: Scott Shanley – Town Manager
Town Council liaisons
EMS Commission
Gary Wiemokly – EMS Manager

enclosure

1. Would the Town of Enfield be able to negotiate and contract with a fire service consortium as outlined?
2. What are the requirements that a non-profit corporation would have to meet to allow the Town of Enfield to enter an agreement with them?
3. If this arrangement were acceptable, would the OIG ruling on municipalities waiving the Medicare co-pay apply?

XI. Response from Town Attorney



OFFICE OF THE TOWN ATTORNEY

TO: William R. Vayda, Mayor
Town Council Members
Scott A. Shanley, Town Manager

FROM: Christopher W. Bromson, Town Attorney

DATE: April 29, 2003

SUBJECT: EMS Advisory Commission

At the Town Council's April 9, 2003 Special Meeting Deputy Mayor Tallarita clarified the issues originally raised in EMS Advisory Committee Chairman Earl Provencher's March 9, 2003 memorandum.

Question #1: Can the Town of Enfield enter into a contract with a corporation created by the five Fire Departments?

Answer: Connecticut General Statute §7-148(c)(1)(A) gives municipalities the authority to enter into contracts. I see no bar to the Town entering into a contract with such an entity, as long as it is a legal entity, e.g. corporation, limited liability company, etc., with the authority to enter into a contract.

Question #2: What are the requirements that such an entity must meet in order for it to enter into a contract with the Town?

Answer: Connecticut General Statute §§33-1000 through 33-1290 (inclusive) governs the creation of non-stock corporations. Connecticut General Statute §§34-100 through 34-299 (inclusive) governs the creation of limited liability companies. The articles of incorporation/charter/bylaws of each Fire Department may govern each Department's authority to create such an entity. Each Department will have to consult with its own legal counsel to determine whether it is authorized to create and/or be a principal of a non-stock corporation or limited liability company (or other legal entity that the Departments may choose to create). It would also be more appropriate for the Departments' attorneys to advise them of the requirements, powers and limitations of the various types of entities that the Departments may elect to create and also of the state and federal tax ramifications arising from the creation of such an entity.

Question #3: Would the ruling of the Office of Inspector General regarding the waiver of Medicare co-payments apply to the proposed system?

Answer: This question may best be answered by the Office of Inspector General and as such I recommend that the EMS Advisory Committee contact the OIG directly for a written ruling.

EMS Commission Recommendation

XII. Projected Revenue Recovery

Revenue Projections for a Fully integrated BLS/ALS System								
# of Calls per year ~4,000			Transports ~ 3,000 (2995 in 2001 with 10 mutual aid transports)					
Projected Volume and Breakdown:								
BLS	741							
ALS	2264	includes 10 for mutual aid						
	3005	Total Enfield Ambulance Transports 2,995						
Pts >65 yrs ~ 38%								
Pts on Medicaid ~ 13%								
Transports:								
	JMH ~ 60%							
	Htfd ~ 21%							
	Spfld ~ 18%							
Charge		# of Calls		2003 Rates		Revenue		
BLS		741		\$316.50		\$234,526.50		
ALS		2254		\$495.71		\$1,117,330.30		
Mileage								
	JMH	1,797		\$111.96		\$201,192.12		
	Hfd	629		\$195.93		\$123,239.97		
	Spfld	539		\$65.31		\$35,202.09		
	other	30		\$65.31		\$1,959.30		
Night Charge		989		\$61.83		\$61,149.87		
						\$1,774,600.15		
	Total revenue based upon 100% collection:					\$1,774,600.15		
Total Projected Revenue with mandated allowances and write-offs:								\$1,153,490.00

* Allowances and write-offs are inclusive of Medicare and Medicaid short-falls, Hardship write-offs, and Contracted Billing Service as based on industry standards.